

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>Dr</i>	<i>32</i>	<i>18</i>
FORMALITY REVIEW	<i>CH</i>	<i>1119</i>	<i>09-07-01</i>
RESPONSE FORMALITY REVIEW	<i>JP</i>	<i>1027</i>	<i>10/28/01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	11/19/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10/19/01
10/27/01
10/28/01
10/29/01